

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040693

DO NOT WRITE  
ON THIS STUB

AMENDED

F

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9652

STATE FILE NUMBER

LED NOV 1 1962

## 1. PLACE OF DEATH

a. COUNTY *St. Louis*b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*Length of stay in 1b  
*55 yrs.*c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *City Hospital*Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo.*

b. COUNTY

admission)

c. CITY OR TOWN *St. Louis*Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
*2716 Marcus*Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
*Francesco (Frank) Santa Maria*4. DATE OF DEATH  
Month Day Year  
*Oct. 7, 1962*5. SEX  
*Male*6. COLOR OR RACE  
*White*7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday) *86*IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Grocery*10b. KIND OF BUSINESS OR INDUSTRY  
*Grocery*11. BIRTHPLACE (City and state or country)  
*Italy*12. CITIZEN OF WHAT COUNTRY  
*U.S.A.*

## 13a. FATHER'S NAME

*Augustino Santa Maria*

## 13b. MOTHER'S MAIDEN NAME

*Concetta*

## 14. NAME OF HUSBAND OR WIFE

*Theresa*

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
*No.*

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

*Jeanette Arcobasso 4660 Cottage*

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

*Coronary Occlusion*

## INTERVAL BETWEEN ONSET AND DEATH

*5 days*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

*Arteriosclerotic Heart Disease**years.*

## DUE TO (c)

*420.0*

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

*2/13/61**to 10/7/62*and last saw him alive on *10/7/62*

## Death occurred at:

*3:45 A*

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

*Jos. M. Orenstein, M.D.*

## 22b. ADDRESS

*4500 Olive St*

## 22c. DATE SIGNED

*10/9/62*

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

*Burial**Oct. 10, 1962**Calvary Cemetery**St. Louis**Mo.*

## 24. FUNERAL DIRECTOR

## ADDRESS

*Miceli 1150 No. Kingshighway*

## 25. DATE RECD. BY LOCAL REG.

*OCT 9 1962*

## 26. REGISTRAR'S SIGNATURE

*Joan Smith. M.D.*

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.